FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

S ORE LAROMOFUSE ONLY EN ATE

1. NAME OF COMMITTEE (in full)	TYPE OR PRI		Example: If typing, type over the lines.			152MAMP2 AH 9: 32		
Friends of Bernie Sa	nders						· · · · · · · · · · · · · · · · · · ·	
ADDRESS (number and stree	et) PO Box 391			······································				
Check if different than previously reported. (ACC)	Burlington CIT		T TATE	05402 ZIP CODE		<u> </u>		
2. FEC IDENTIFICATION NU	JMBER 3. IS	STHIS CHEW ORT CONT	OR	AMENDED (A)		STATE	DISTRICT	
4. TYPE OF REPORT (Ch	oose One)							
(a) Quarterly Reports:		(b) 12-Day PRE-E	lection Re	eport for the:				
☐ April 15 Quarterly Report (Q1) ☐ July 15 Quarterly Report (Q2)		Primary (12P)		General (12G) Special (12S)	Runoff (12R)			
October 15 Quarterly January 31 Year-En		Election on	eng pagangaga	(A) PPS-MARKEN C	in the State of	i managan.		
		(c) 30-Day POST-	Election F	Report for the:				
	·	Gene	ral (30G)	Runoff (30F	R) 🗆 S	pecial (30S)	•	
Termination Report (TER)		Election on	٠ , ٥ پرستاندر ۱۹۹۵ پرستاندر ۱۹۹۵ پرستاندر ۱۹	ytte ili telek Mikaassa (t.). onuuntii telek kantai mikaassa kantai ka	in the State of	S. Western Spiles in the State of State		
5. Covering Period	11/27/2012	through [12/3 800-00-00-00-00-00-00-00-00-00-00-00-00-	1/2012 programmed water 1, 1-1/2 (5)-1				
I certify that I have examined	d this Report and to	the best of my knowle	dge and t	pelief it is true, correct	and complet	9.		
Type or Print Name of Treas	surer Martha	Abbott						
Signature of Treasurer	Mart	na AbbN+		Date	5/11/15	A ZEA LE CIRCUMSTANCION		
NOTE: Submission of false	, erroneous, or inc	omplete information ma	v subiect	the person signing this	s Report to th	e Penalties	of 2 U.S.C. 437g.	
Office Use Only						FE	C FORM 3 vised 02/2003)	

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